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CONFIRMATION NO. 9044

<b>SERIAL NUMBER</b> 10/528,917	<b>FILING OR 371(c) DATE</b> 03/23/2005 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3775	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Peter R Ebner, Hollis, NH;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/29635 09/18/2003 which claims benefit of 60/499,908 09/02/2003				
<b>** FOREIGN APPLICATIONS *****</b> UNITED STATES OF AMERICA 10252874 09/23/2002				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NH	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 8
				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> MR. PETER EBNER MAXILON LABORTORIES, INC. P.O. BOX 850 HOLLIS, NH03049				
<b>TITLE</b> Apparatus and method for harvesting bone				
<b>FILING FEE RECEIVED</b> 1200	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	